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UTILITY PATENT APPLICATION TRANSMITTAL

Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attorney Docket No.	35.G2531	s. 373	
First Named	d Inventor or Application Identifier	1 U	
YUSHI KANEKO		c51	
Express Mail Label No.			

(D) nly for new nonprovisional applications under 37 CFH	1.53(<i>b</i>)) EX	xpress Mail Label No.		'
APPLICATION ELEMENTS OSee MPEP chapter 600 concerning utility patent applicati	on contents.	ADDRESS TO:	Assistant Co Box Patent A Washington,	
Fee Transmittal Form (Submit an original, and a duplicate for fee proc	essing)	6. Microfiche C	Computer Program	(Appendix)
2. X Specification Total Pages 2 3. X Drawing(s) (35 USC 113) Total Sheets 5 4. X Oath or Declaration Total Pages 1	6	b. P	essary) computer Readable aper Copy (identic	
a. X Newly executed (original or copy) b. Unexecuted for information purposes c. Copy from a prior application (37 CFF (for continuation/divisional with Box 17 or [Note Box 5 below]] i. DELETION OF INVENTOR Signed Statement attached de inventor(s) named in the prior 37 CFR 1.63(d)(2) and 1.33(b) Incorporation By Reference (useable if Box 4c is che The entire disclosure of the prior application, from with eoath or declaration is supplied under Box 4c, is companying part of the disclosure of the accompanying application, from with entire disclosure of the accompanying application.	(S) leting application, see cked) nich a copy of onsidered as	8. X Assignment R 9. 37 CFR 3.73 (when there 10. English Tran 11. Information Statement (12. Preliminary 13. X Return Reco (Should be statement) 14. Small Entity Statement(statement) 15. (if foreign present)	IDS)/PTO-1449 Amendment eipt Postcard (MPt specifically itemize Statem	& documents) X Power of Attorney a (if applicable) Copies of IDS Citations EP 503) ad) ent filed in prior application Status still proper and desired ument(s)
17. If a CONTINUING APPLICATION, check appropriate Continuation Divisional	1		ication No. /	
Tal. CORRESPONDENCE ADDRESS Tal. CORRESPONDENCE ADDRESS Option of Correspondence address below (Insert Customer No. or Attach bar code label here)				
NAME				
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City State	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Zip Code	
Country Telepho	ne		Fax	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	8-20 =	0	X \$ 18.00 =	\$ 0.00
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	3-3 =	0	X \$ 78.00 =	\$ 0.00
	MULTIPLE DEPENDI	ENT CLAIMS (if applicable	e) (37 CFR 1.16(d))	\$260.00 =	\$
				BASIC FEE (37 CFR 1.16(a))	\$690.00
· · · · · · · · · · · · · · · · · · ·			Total of	above Calculations =	\$690.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Richard P. Bauer, Reg. No. 31,588			
SIGNATURE	Partal & Even			
DATE	January 19, 2000			

RPB/tmm